X.	1.	FOR - STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. N	3 1	970
		CEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH		EAR 26 HOUR
, p	(177)	VIOLA	K.	Almony		12 3 8	30 9:45 PM
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o (Am)		F	W	1 31 1901	70	YRS 10	DAYS HOURS MIN
		OLIMAN (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MARRIED   X	9 BALTIMORE CITY	R COUNTY OF DEA	тн
deot		MD	USA	WIDOWED DIVORCED	7	Carroll	MD
# 11 W	10 C	ITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A</li> </ol>	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT		IND OF BUSINESS OR
5 54 10	1	lanchesTer /	Long View NL	Issing Home	School Superi		Mic Schools
1 Po 47	130	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE Y 130 CITY OR TOWN	ADMISSION 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	dulla	
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by by craft		underlying cause last		RIPL FIBRILI	MOITA		
gned n pler buria		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PA	ART 1(o)
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law s be s price	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	206 IF YES, WERE F	INDINGS USED
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ding physicic ding physicic s certificate burial-transit Mental Hygir ir hem 18 sha	p.	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PA	(RT 2)
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etained TO FUNI Should b				3125 MA		IT, MANCH	15215K 5110
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH DECEASED NAME 26 HOUR (TYPE OR PRINT) Elizabeth D. Anderson IF UNDER 1 YEAR IF UNDER 24 HRS. 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3. SEX May 8, 1903 YEAR White Female BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Carroll County Maryland US WIDOWEDXX DIVORCED T ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bank Clerk Vestminister Carroll County General Hospital Banking USUAL RESIDENCE (IF NUR DIE DE OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13. STREET ADDRESS
116 W. University Parkway Baltimore 13d. INSIDE CITY LIMITS? Maryland YES TX IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Durham McDowell Arthur Margaret ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-18-5986 Mr. Lee E. Anderson, 1815 Frederick Rd. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY INTRACRIANIAL HOMORRHAGE ACUTO DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE IT 19 80 22a.1 certify that (1) (this haspital) attended the deceased from. 12/1/8019 \_\_ and that in (my) our) opinion death occurred on the date and hour and from the couses stated sow the deceased alive on \_\_\_ above (I) we) (did) did nat) view the body ofter death 22c DATE SIGNED 226. SIGNATURE DEGREE ATTENDING should be deto with the Stote I IMPORTANT: II PHYSICIAN PIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 215 WASHINGTON HOT MED CIN, UESTMINISTER HOWADD G. LANHAM MA 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 12/4/80 Lakeview Cemetery Sykesville Carroll, Marylan Burial Witzke Funeral Home of Catonsville, P.A. 21228 DEC 2 1980 DHMH - 16 50M 7/77 (VR A 15 (4))

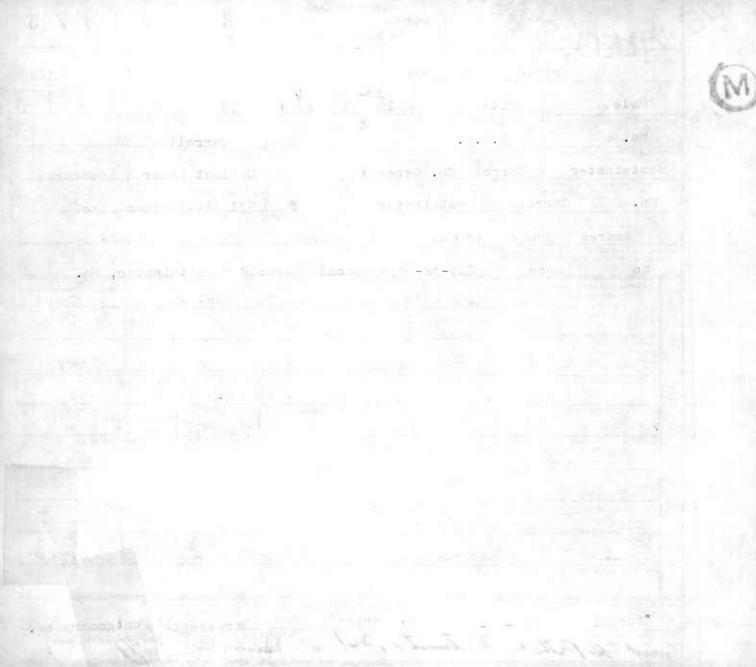
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7		CEASED NAME	FIRS1		NIDDLE	3.01	LAST	24. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
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35	Me Me	ryland	NG HOME OR O	Y	GIVE RESIDENCE BEFOR 13c CITY OR TOW Taney to	VN	YES NO	13. STREET ADDRESS 206 E. Ba	Ltimore	Stree	et
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		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADDRE			
		No			213-48-	1326	Donald Lawye	r Taneytown	, Md. 2		MATE INTERVAL DNSET AND DEATH
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9	FICATION	gave rise to imm cause (a), stating underlying cause	lediote g the lost	DUE TO, OR	R AS A CONSEQUE	DEATH BUT	T NOT RELATED TO THE TERM	70a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	IGS USED OF DEATH?
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nsit Hyg		S	(IF EITHER, NOTIFY MEDICAL		P	.M.	19					
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OR: After this certifica use as the burial-transit Health and Mental Hyg	5	MED	22a l certify that (I) (	this hospital)	attended t		16	. 17	,	3/18		
for use as the burial-transit of Health and Mental Hyg	5	MED	22a certify that (1) (1 saw the deceosed above (1) (we) Idio	his hospital)		17/18/195	10 .01	nd that in (my) (aur) opinion (	,		aur and from th	e causes state
led for use as the burial-transitept, of Health and Mental Hyg	5	MED	22a I certify that (I) (1 saw the deceosed	his hospital)		17/18/195	10 .01	nd that in (my) (aur) opinion o	death occurred on the	date and h	aur and from th	
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DIRECTOR: After this certificated for use as the burial-transit ept. of Health and Mental Hyg	If Item 21 is marked or	MEDI	22a I certify that (I) [1] saw the deceased above (I) (we) Idia 22b SIGNATURE	this hospital) l alive on ali (did not) vi	the bad	19 Ster death.	10 .01	DEGREE  ATTENDING PHYSICIAN	leath occurred on the	date and h	aur and from th	E SIGNED
ed for use as the burial-transit lept, of Health and Mental Hyg	If Item 21 is marked or	MED	22a I certify that (I) [1] saw the deceased above (I) (we) Idia 22b SIGNATURE	this hospital) l alive on ali (did not) vi	the bad	19 Ster death.	10 .01	DEGREE  ATTENDING PHYSICIAN	MEDICAL ST	date and h	aur and from th	E SIGNED
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MARYLAND STATE DEPARTMENT OF HEALTH

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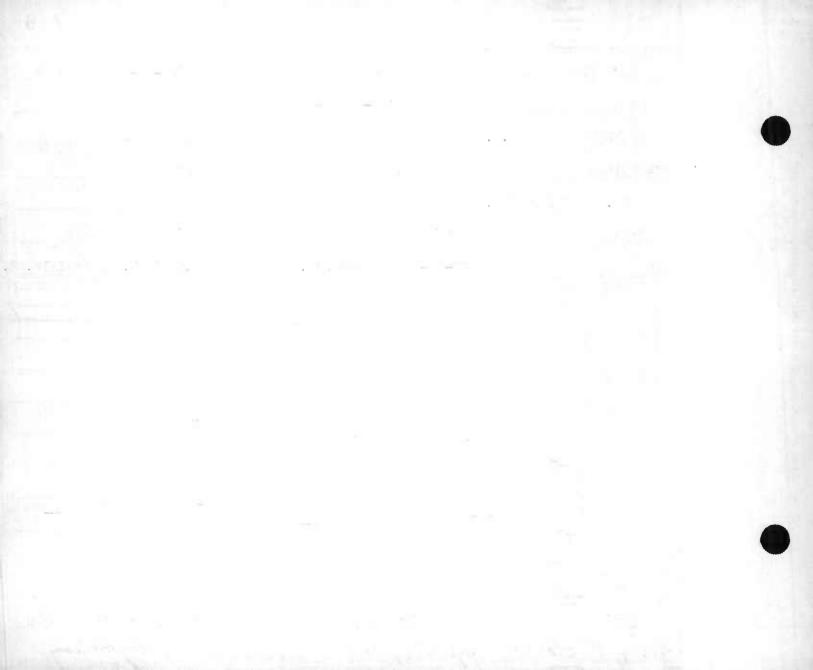
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HUBBARD FUNERAL HOME 4107 WILKENS AVE.

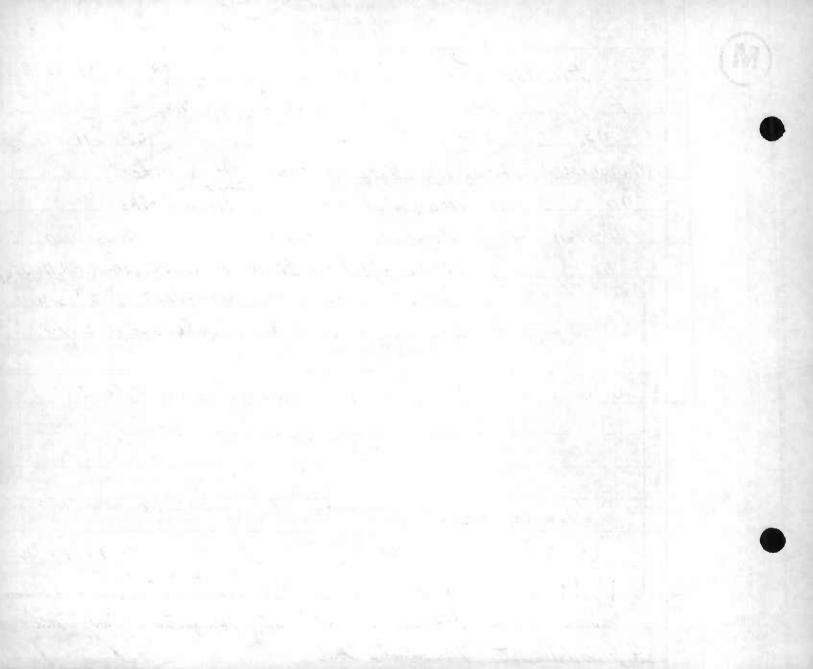
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				STATE OF MARTLAND		
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4 1		EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYPE	Flores	ve I	Brodbeck	12	16 80 10 8 4
	3 SE>		4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR OF UNDER 24 HRS
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50		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	9 BALTIMORE CITY OR COU	NTY OF DEATH
35		MD.	USA	WIDOWED DIVORCE		Arroll MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) INDUSTRY
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-		couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		""
r oth		underlying couse lost	(c)			
1	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION	GIVEN IN PART 10
	TIO	arterior	dender !	ander Va	emeter acce	dens
00	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
ž O	E			Tay now history	YES NO	YES NO
00		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
or Ifem	ICA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY
2		AT WORK AT WORK		,	0 11	1=1
5. E			tol) ottended the deceased from	10)	to 100	19 that (J(we) lost
7 4			t) view the body after death.		pinion death accurred on the date and	
H Her		226. SIGNATORE		DEGREE	DING _ MEDICAL _ STAFF _	224, DATE/SIGNED
		WINT	Town /	PHYSIC		12/16/10
IMPORTANT.		224 PHYSICIAN'S NAME (TYPE C	R PRINT)	220 ADDRESS	3223 Main	st,
2		1///	OATUM	11	11 ambleste	11 / 2/162
≤	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR FREMA	TORY 23d LOCATION	COUNTY STATE
_		Burial	12/20/80 /	remmount for	yling Hampstead	a Cau, mil.
5	24. FL	INERAL DIRECTOR	ADDRESS .	2 4 6 1	" DEC 2 2 1980 125h 9	13468 my 1984 Willearly
		H J. Cckhai	at manch	estro mil	BE 6 10 11 11 11 11 11 11 11 11 11 11 11 11	1-01



		1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 ()	3 1 9	8 (
r death			EASED NAME DRPRINT) Fr	enkli	.n	Paul		rose	24 DATE OF DEATH MONTH	DAY YEAR	26 HOUR 3/30
and after de		SEX	male		4 RACE Whit	e	S DATE O		6 AGE (IN YEARS LAST BIRTHDAY)  86 YRS.	MONTHS DAYS	IF UNDER 24 H HOURS MI
thin 72 hound	5		THPLACE (STATE OR FOUNTRY) Pa.	OREIGN	16 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	BALTIMORE CITY OR COUNT  Carroll	Y OF DEATH	
at the noti	2		YOR TOWN OF DEA	ATH	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET	IG HOME (	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI minister	FE) INDUSTRY	f BUSINESS
Miner mu	5	USUA 13a. S		136 COUN	OTHER INSTITUTION TO	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Westmins	N	13d. INSIDE CITY LIMITS? YES 131 NO 1	13. STREET ADDRESS 74 Timber Ride		
fical exam	4		THER'S NAME FIRST ederick	,	AIDDLE	Brose		IS MOTHER'S MAIDEN NA. FINST Elizabeth	ME	LAS	т
event, the med			AS DECEASED EVER ES, NO OR UNKNOWN)	(IF YES, GIVE	MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT Ethel Brose	ADDRESS 74 Timber Ri		MATE INTERVAL DNSET AND DEA
shows any injury, or other trai	7	CERTIFICATION	gove rise to improve to improve to its course to improve to its course t	NIFICANT C	ONDITIONS C NUTR	ITION .	DEATH BUT	NOT RELATED TO THE TERM HIDE AT 10 N N WAS PERFORMED	200 AUTOPSY? 20b. IF YE	VEN IN PART 1(c	GS USED
transit protein that Hygie Item 18	9		210. ACCIDENT WAS UNI	CAUSE OF DEA	TH HOUR A		AY YEAR	71c HOW INJURY OCCUR		ES 🗌	№ □
arke		MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY TREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
2. 9			220.1 certify that (1) sow the decease above, (1) (we) to	ed olive on	1:	7/22 198		DEGREE	deoth occurred on the date and ha	our and from the	couses state
TO FUNERAL DIRECTO should be detached for ust with the State Dept. of His IMPORTANT: If Item 21		- 1	M. PHYSICIAN'S N.	AME (TYPES	R PRIMÍ)	heres	A	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	12/3	-2/8

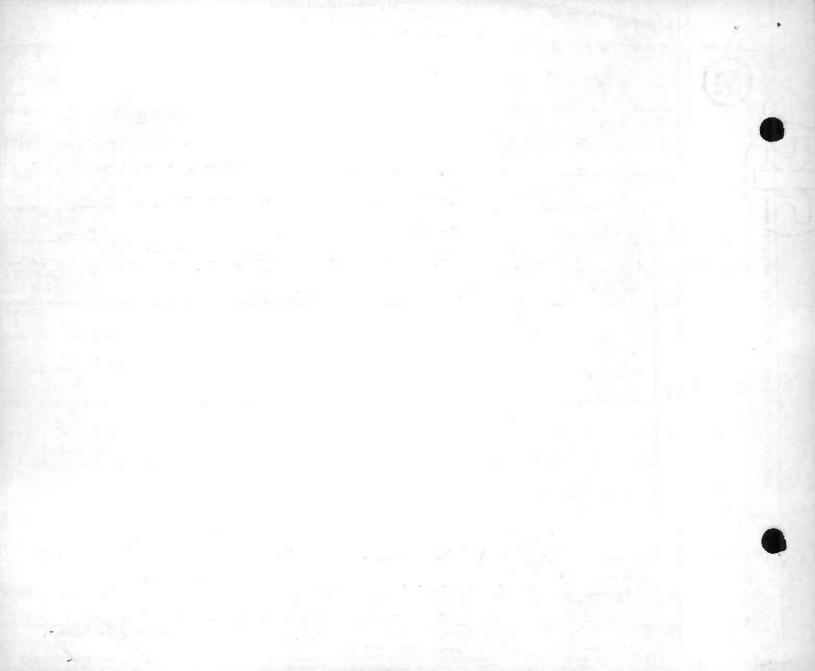
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			STATE OF MARYLAND	
(-)		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1 2 2 1
1.5/		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	1 , 0 1
		CEASED NAME FIRST		MONTH DAY YEAR 126 HOR
ASE TOOR. URS URS	(JAE	HILDA	BELLE Deveking harm DEATH MATED DE	1222,80 75
	3 SE	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAY T HOURS MIN. PRONOUNCED	WONTH DAY YEAR 24. HOO
(man)		FW	SEPT 9 1915 65 YRS. DEAD	2-22 1980 75M
一 は は 1つ /	7a. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR	COUNTY OF DEATH
200	1	MARYLAND	USA WIDOWED X DIVORCED CARROLL	MD.
O O O O O O O O O O O O O O O O O O O	10. C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS]  120 USUAL OCCUPATION [TYPE OF MOST OF WORKING LIFE]	WORK 126 KIND OF BUSINESS OR INDUSTRY
	14	W WINDSOR	223 MAIN ST HOUSEKEEPE	3 OWN HOME
A A B A B A B A B A B A B A B A B A B A	USU/ 13a. S		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ATY 136. CITY OR TOWN 136 INSIDERITY LIMITS? 130. STREET ADDRESS	
SHOULD SH	M	ARYLAND CAN	PROLL NEW WINDSOR YES NO 1 223 MAIN ST.	
MD. 2 ATH. III PM 3. ID 2 SI WALL	14. F/	THER'S NAME	15 MOTHER'S MAIDEN NAME	LAST
		EMIL	BARNES GERTRUDE	PALMER
BALTIMORE,  GNE PAGE WITH FORM PAGES 1 AN	16a. \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 79 -ADDRESS 1	ECLEST DR.
URS AFTER URS AFTER WITH FO VITH FO DIVISION		NO	213-16-0919 VONDA ENGELS CREENBE	LT, MD. 20770
5 00 - 1		18. CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST.  BD WITHIN 24 HC PENCIL IN ITEM 1 AMINER ALONG L.TRANSIT PERMIT ELINAL HYGENE.  REMOVAL.		PART I DEATH WAS CAUSE	TE CAUSE (a) Exsauguration lucto Wite	
ALC IT PER ALC		9560	DUE TO, OP AS A CONSTRUCT OF	
W. PRESI D WITHIN ENCIL IN AMINER , TRANSIT ENTAL HY REMOVA		Conditions, if any, which gave rise to immediate	Warned Left Clute Cuperof Cassa	è.
OT W. PRE: UTED WITH N PENCIL EXAMINER RIAL: TRANS MENTAL OR REMOV		cause (a) stating the <u>under</u> lying cause last.		
S, 301 W. PREST CECUTED WITHIN 5" IN PENCIL IN AL EXAMINER A BANDAL-IRANST AND MENTAL HANST ON, OR REMOVAL		lying coose last.	(c)	
LRECORDS, 30 UID BE EXECUT "PENDING" IN EF MEDICAL ES EE AS A BURIL HEALTH AND IN HEALTH AND IN CREMATION, O		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a	
RECORDS JID BE EX PENDING FE MEDIC, ED AS A I HEALTH A HEATIO	ON			
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HC RITING THE WORD "PENDING" IN PENCIL IN ITEM 1 ROED TO THE CHEF MEDICAL EXAMINER ALONG BE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT E DEPARTAMENT OF HEALTH AND MENTAL HYGENE. I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
VITAL RI SHOULI ORD "PI CORD "	E			YES NO
VISION OF VITA CERTIFICATE SHC FING THE WORD TING THE CH 3 SHOULD BE D DEPARTMENT OF		216. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR.	T 1 OR PART 2)
SION OF RIFFICATI NG THE W TO THE W SHOULD PARTMEN	S	UNDERLYING OR CONTRIBUTING CAUSE OF		
CERTIIING TING TOPPA	MEDICAL	216. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME. 21), LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
DIVIS THIS CER WARDED PAGE 3 STATE DEF	>	WHILE NOT WHILE AT WORK		200111
		CONTRACTOR ONE - C	ge of the remains described see in it don Autopsy Inspection Inquiry and	in my apinian
EXAMINER: CERTIFICATION BE FOU DIRECTOR: WITH THE :		death resulted from: Nets	Courter Suicide Nomicide U Undetermined manner .	
EXAMINE: CERTIFICA JLD BE FO DIRECTOR WITH THE ARYLAND,		(/	TITLE (SPECIE)	
CAL EXA THE CER SHOULD RAL DIR RAL DIR RE, WI		ACTUAL COL	all to feel M. D. Defect MEDICAL EVANINED	DATE 22 JOS 80
AEDICAL E UTE THE G E 4 SHOU UNERAL R R DEATH, IMORE, M.		D	M I M I MAI	SIGNED
MEDICAL CUTE THE SE 4 SHOI FUNERAL ER DEATH	1	TYPE OR PRINT	HARD H. Jones ADDRESS Westminski, 11/d. 2115	57
TO MI EXECU TO FU AFTER BALTER	23a.B	URIAL, CREMATION, REMOVAL		- COUNTY STATE
ВР	(	BURIAL	12/24/80 PIPE CREEK CEMETELY NEW WINDSOR	CARROLL MD.
DHMH - 17	24. F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VR A15 ME (5)) 15M 7/76	1	I. W. Zhan	ler / Tell Mendsor, Md. DEC 2 ? 1980   Fin	tray Mabrerdy
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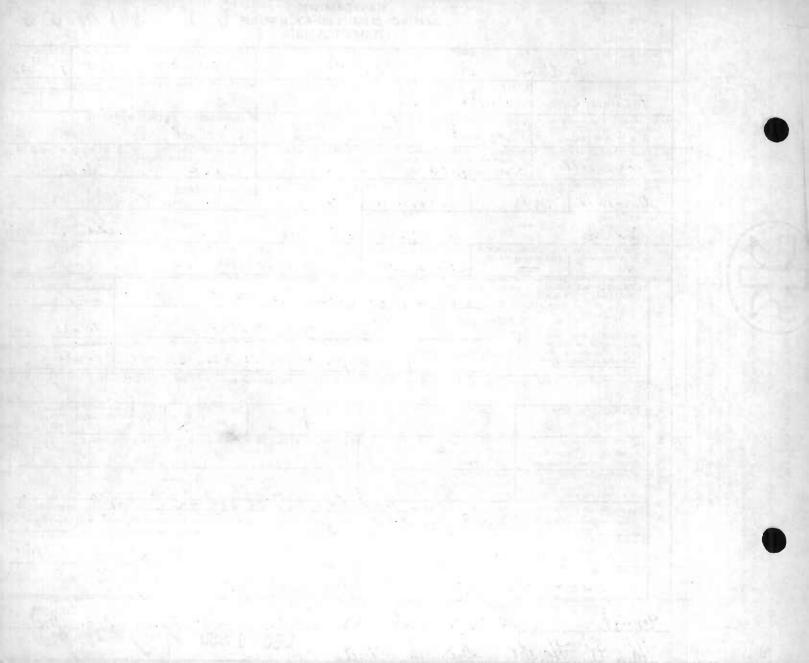
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME KNOWN K (TYPE OR PRINT) PAUL. DEATH MATED 24 1080 CAMP/TELLI Α. 4 RACE 3 SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 20. DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 180 DEAD 24 28 1933 male white 47 YRS 2, AND 3 TO THE FUNERAL 3. RETAIN PAGE 5 FOR YOU 2 SHOULD BE FILED, WITHIN AL RECORDS, 201 W. PRESTO Th. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! MD WIDOWED USA DIVORCED Carroll County
120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Supervisor- Western Electric Westminster DIVISION OF WITH RECORDS. Co. General Hospital 13a. STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Carroll.7 MD Westminster NO 1616 Bollinger Road GIVE PAGES 1, 2, VITH FORM PM 3. PAGES 1 AND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Nicholas LAST Campitelli Amelia Mary Petro Campitelli Westminster 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT (IF YES, GIVE WAR OR DATES) Doris (YES. NO. OR UNKNOWN) Yes Korean 213-30-2518 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION ICATE, WRITING THE WORD "PER FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIQR TO BURIAL, C 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 29 AUTOPSY? YES [X] NO . 71n EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY STATE X 220. I certify that I taak charge of the remains described above, held on Autopsy Inspection ond in my opinion death resulted from: Notural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED 12-25-80 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Loring Byerson Euneral Directors, P. A DEC 29 1980 Burial Eldershurga BP 24 FUNERAL DIRECTOR **DHMH-17** 8728 Liberty Rd., Randallstown, MD (VR A15 ME (5))

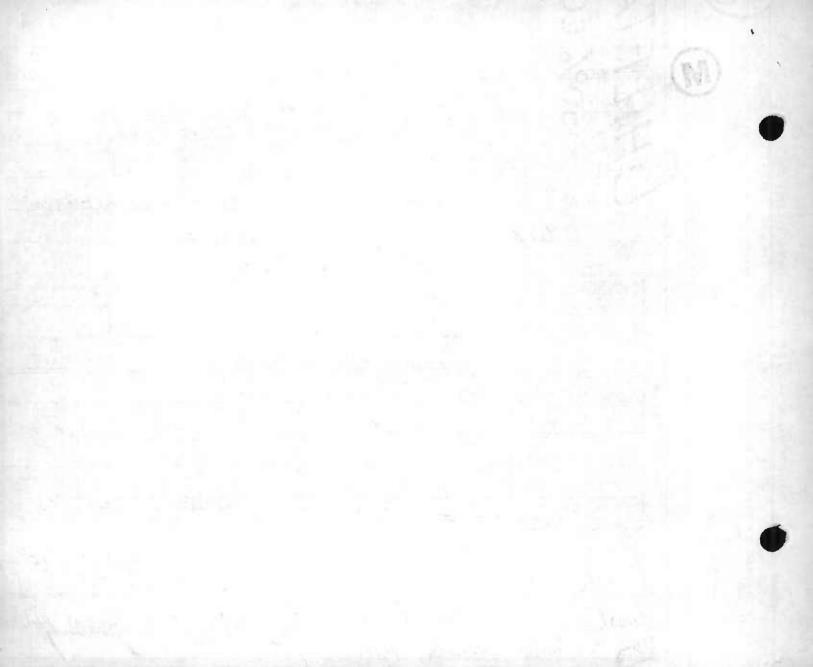
15M 2/80



2			1 -	FOR STATE REGISTRAR	D	EPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	3 1 9 8 3
	may be page 3 er death	F	(TYPE	EASED NAME MORTHUS HIRST		Car.	roll	20. DATE OF DEATH MON  De Cember  6. AGE (IN YEARS LAST BIRTHDA)	23,1980 135 AM
	4 99		3. SEX	Female	1. RACE White	S. DATE OF	25, 1908	72	MONTHS DAYS HOURS MIN.
	oth Co	19	CC	THPLACE (STATE OR FOREIGN UNTRY)	16 CITIZEN OF WHAT CO	MARRIED WIDOWEE	NEVER MARRIED D	9. BALTIMORE CITY OR CO	DUNTY OF DEATH  MD.
10	by the filled wit	2/2	2	y or town of death y kesville.		Hospita	001.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DRKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
AND 21201	24 h	35	130. S	laryland Ci	NTY 13c CITY	or town ltimole	13d INSIDE CITY LIMITS? YES NO [	13e. STREET ADDRESS 3202 Gui	Yord Avenue
MARYL	completely 1 and 2 she	exomine ()		JOL COB		een	Elizabeth	Sarah	steeret (stewart)
IMORE,	be executed an and camp	2 medical		AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES	62-4880	17 INFORMANT Hespito	al Records	
II., BALT	physicia n paper maval.	event, the		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	inly one couse per line for (o ED 8Y:	ebro-Vas	cular Acc	ident	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTONS	death cer attending ave carba tian, ar re	anmatic		2500 Conditions, if ony, which	DUE TO, OR AS A CO	NSEQUENCE OF	Diabetes M	'ellitus	Years
₹	that the d by the ease remo	other tr		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	nsequence of general	Piged Arteri	oschrosis	Years.
RDS, 301	equires to signed Then ple	ınlury, a	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITI	ON GIVEN IN PART 1(0)
AL RECORDS,	has has	Nuo smo	CERTIFICAT	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200. AUTOPSY? 20	IN IF YES, WERE FINDINGS USED  N CERTIFYING CAUSES OF DEATH?  YES NO NO
OF VITA	phy phy refice	Hem 18 shay		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MON	TH DAY YEAR	21s. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
DIVISION OF VITAL	ottending attending ser this construction	rked or II	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	Y, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
•	rtendin pital ar TOR: Affar use a af Health	21 is ma		22a. I certify that (I) (this hasp sow the deceased alive or	n 12-23 oot) view the body ofter dept	_19 80 on	d that in (my) (our) opinion	death occurred on the date	ond hour and from the couses stated
	O o o o o	# #em		226. SIGNATURE Suha Cogum			ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	12-23-1980
	TO HOSPITAL retained by the TO FUNERAL should be detained by the with the State	MPORTANT.		224 PHYSICIAN'S NAME (TYPE			Springfield		Kesville, Md.
120	2 PB-	<u> </u>		URIAL, CREMATION, REMOVA	12-26-80	23c. NAME OF CE	METERY OR CREMATORY	THE LOCATION CONTROL PLAN	Min Bit M. Md.
120	DHMH - 16 25M (VR A 15 (4) )	9/74	24 FU	WERAL DIRECTOR HAME	T 1	oress n	ed. Det	2°5 9986 518 4	PEGGLAR'S SIGNATURE



1	1-	FOR STATE REGISTRAR	DEPART	STATE OF M MENT OF HEALTH CERTIFICATE	AND MENTAL HYG	IENE 8 0	3 1	984
M		CEASED NAME FIRST OR PRINT)	RISCILIA I	E. CAL	sey		NONTH DAY	YEAR 26 HOUR 8 1 45M
ope 1	-	Female	White		9 1886	94	YRS	
leath in 72 th	C	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED N	DIVORCED	9. BALTIMORE CITY O	CARRO	
201 urs ofter de by the fur filed within	C	TY OR TOWN OF DEATH		e Hursi	11	12a USUAL OCCUPATE	F WORKING LIFE)	12b. KIND OF BUSINESS OR NDUSTRY
MARYLAND 21201 ed within 24 hours of and 2 should be file	130 S	ADYLAND 136 COUNTY	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM TO MIT AT THE MIT A STATE OF TO MIT AT THE MIT	RY 13d IN			T#6 M	TAIRYM
		Yln	MIDDLE LAST	15. MC	OTHER'S MAIDEN NA/	YINK.		LAST
BALTIMORE, cote be execut cote be execut copers. Pages 1 word.			MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 214242	>5-1	formant char	# ADDRE	SS	
ST.,		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), o D BY: TE CAUSE (o)	IAC QU	rest			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Seconday
REST e dea move nation traum		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	-				71092
201 W. P		couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEOL	2 cethe	roscler			TIDYR
ORDS, 2 requires signs or to buy y injury.	TION	COPPICES	3 1000	Gritis, N	ecure	ITU K		
TAL RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	) /A	PERFORMED	200 AUTOPSY?	206 IF YES, WI IN CERTIFYING YES	G CAUSES OF DEATH?
N hys		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	PAY YEAR	OW INJURY OCCURE	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1	OR PART 2]
DIVISION OF DING PHYSICIA or otherding p After this certif e os the buriol- olth and Mental marked or them	MEDICAL	21d. INJURY OCCURRED  WHILE DOT WHILE DAT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		OCATION STREET	CITY OR TOW	vn (	COUNTY STATE
TTEND priol or JTOR A for use of Heol		sow the deceased alive on	tol) ottended the deceosed from, 12/21/80 19	:/10/75 , and that i	in (my) (our) opinion (	to 12/23 death occurred on the do		d from the couses stoted
OR he ho DIRE		Melu V	ber Doer i	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAP		12/23/80
O HOSPITAL TO FUNERAL should be det with the Store		22d PHYSICIAN'S NAME (TYPE O	TOP RON		DDRESS DOOCEU	ruey PI	vsa C	0 (LINDIA 12) 21044
BP	-	URIAL, CREMATION, REMOVAL	12-27-80 7	name of cemeter nt. Viiw 1	emutes	23d, LOCATION	16 74	ward hid.
DHMH - 16 60M 1/75 (VR A 15 (4))	24 FL	JAM W. Haigh	t Sykistille,	Md.	View	29 1980	britain	meunory



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within 24

deoth certificate

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retoined by the hospital or attending physician.

	1.	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1986
		CEASED NAME FIRST OR PRINT)	MIDDLE	CD A LITEO DED	20. DATE OF DEATH MONTH OA	
74		JESSIE	ETHEL	CRAWFORD	Dec. 2, 1980	8:15
	3 SE:	× Female	White	July 29. 1885		ONTHS DAYS HOURS MI
35	C	RTHPLACE (STATE OR FOREIGN OUNTRY)  aryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Carroll Co.,	OF DEATH
00		estminster	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 2001 Sams C	reek Rd.	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	126 KIND OF BUSINESS INDUSTRY
35			rother institution, give residence before NTY 13c. CITY OR TOW Westmi	nster yes nox	13. STREET ADDRESS 2001 Sams Cre	ek Rd.
Vac	14. F.A	THER'S NAME Benjamin	F. Hoop	15 MOTHER'S MAIDEN NA	MIODLE	Cover
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECTION SOCIAL SECTION SOCIAL SECTION SECTION SOCIAL SECTI		ADDRESS 38 Crawford, West	
eveni, me			ily one couse per line for (a), (b), or iD BY: TE CAUSE (a)	ey occusion		BETWEEN ONSET AND DE
onmono		Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF CVD.		157R
orner n		gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS A CONSEQU	ENCE OF Q V D		777
y inforty, o	TION			DEATH BUT NOT RELATED TO THE TERM		
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
9	CAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	IT 1 OR PART 2)
rked or	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
om si i z		sow the deceased alive on	of view the body ofter death.		deoth occurred on the date and hour	ond from the couses stated
		22b. SIGNATURE.)	aul	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR   PHYSICIAN	12-2-8
I I I		Dr. R. V.	Houck, Jr.	Sykesvill		
	23a. E	Burial, Cremation, Removal Burial	23b. DATE 23c 12-5-1980	NAME OF CEMETERY OR CREMATORY  Taylorsville	Taylorsville	
		uneral director namles W. Bur	rier, Jr., Syk	esville, Md.	DEC8 1980 REGISTRAR 25b. REGISTR	AR'S SIGNATURE

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DHMH - 16 50M 7/7 (VR A 15 (4))

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Skiles Funeral Home Tanevtown, Md. 21787

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

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					5	STATE OF	MARYLAND				
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						RTIFICAT	E OF DEATH				To:
1		ECEASED-NAME Type or print)	First		Middle		Lost	20. DATE OF DEATH Month	23 DOY 8	Yeor	2b. HOUR
	2.6		TAN		A.	16	UIX	1			F UNDER 24 HRS.
	3. SI	X M		1. RACE		3	DATE OF BIRTH	6. AGE (In y lost birthd	av) MONT	THS DAYS	HOURS MIN
	70.	BIRTHPLACE (State or	foreign 7b.	CITIZEN OF W	HAT COUNTRY?	8. MADDIED I		9. COUNTY OF DEATH	, TKS.		
9		ntry)		11.5	5. A.	WIDOWED	HEALT WAKKIED	CARROLL			Md.
A	10. (	ITY OR TOWN OF DEA	тн	11. N	AME OF HOSPITAL OR INST	ITUTION (If not	in hospitol 120. USUA	L OCCUPATION (Kind of wor	rk done 1:	2b. KIND OF B	USINESS OR
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1	14	FATHER'S NAME   F	irst .	Middle	Lost	Westmi	NOTHER'S MAIDEN NAME FI	- 2103 0	Aiddle	SI IN INS!	ER, Ild
10		AITIEKS NAME	1/1/1	_	100 D	13. 1	THARGARE	1 -	- have	50	LUSI
1		WAS DECEASED EVER		FORCES?	16V. SOCIAL SECURITY N	0. 17. INF	ORMANT O		ddress	6/	
-1	()	es, no, or unknown)	(If yes give war or	dates of service)	220-30-7	720 Ru	hand Dix	5/4.			
		18. CAUSE OF DEAT	H (Enter anly a	ne cause per li	ne far (a), (b), and (c).)	1	<i>(</i> )	+		APPROXIMA BETWEEN ON	ATE INTERVAL SET AND GEATH
		PART I. DEATH	WAS CAUSED BY IMMEDIATE (		Cord	LOC	arrest		200	ingle	T
		4140			AS A CONSEQUENCE OF	10				1 4 - 00 -	30
		Conditions, if any, w		(b)	HOH	0				yeur	3
		stating the underly			AS A CONSEQUENCE OF						
			IFICANT CONDIT	(c)	ITING TO DEATH RUT NO	T PELATED TO	HE TERMINAL DISEASE ORG	ONDITION GIVEN IN PART 1(a	1		
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3	CERTIFICATION	190. DATE OF OPERATI	ON 19b. CON	DITION FOR WI	IICH OPERATION WAS PER	FORMED	20a. AUTOPSY?	20b. IF YES, WERE FI	NDINGS CONSID	DERED IN CER	TIFYING
	TIFIC		0.0				YES NO	CAUSES OF DEATH?			
7		21a. ACCIDENT WAS	UNDERLYING	21b. TIME O HOUR A.M.	F INJURY Month Day Year	21c. HOW	INJURY OCCURRED (Enter	noture of injury in Port 1 o	r Port 2, Item	18.)	
1	MEDICAL	(If either, natify med	lical examiner)	P.M.	19						
	×	21d. INJURY OCCURR While Not while	RED   21e. PLA	CE OF INJURY	( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCA	TION Street or R.F.D. No.	City or Tawn	Co	ounty	State
		at work at work		aspital) att	ended the decease	d from Se	pt. 197	3 to Dec.	. 19 8	O . that	(I) (we) last
		saw the de	ceased alive	on Ser	ot. // 19	80, ond	hot in (m)) (our) opin	nian death accurred or	the dote o	and hour o	nd from the
		couses stot	ed obove (I	) (we) (did)	(did not) view the b	ody offer de	ath.		22c. DATE	CICNED	
	1	220. SIGNATURE	11 pm	16/8	lmin	* DEGREE	ATTENDING PHYS. M	IED. STAFF PHYS.	] /2-1	129/	0
1	+	22d. PHYSICIAN'S	L.	1			22e. ADDRESS	meron — IIII.	1/2/	-,/3	
		NAME (Type)	Villiam	R.	O'Rourke	nI.D.	150 W. WHIN	1 ST West	minst	er M	d. 2115
	230	BURIAL, CREMATION,	23b. DATI		23c. NAME OF C		EMATORY	23d. LOCATION (City or To	wn) (Cr	ounty)	(State)
		REMOVED(Specify)	12-	27-80		DEEN	100 0000	Finksburg	CARR		747d-
N	24.	FUNERAL DIRECTOR	K D P	rite S	2 ADDREST	mins the	md. DATE AM	5 1981	GISTRAR'S SIGN	KC Crea	la
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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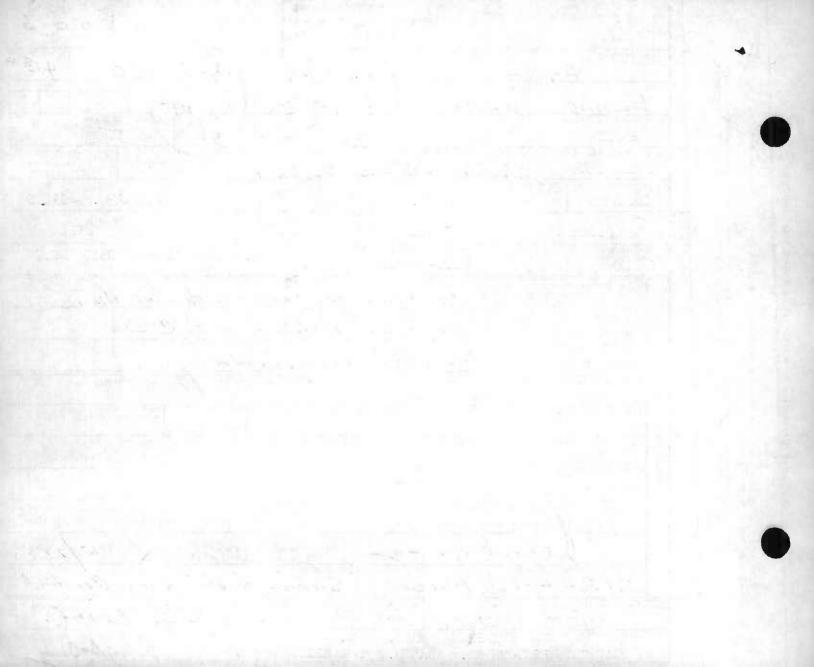
	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF	E OF MARYLAND BEALTH AND MENTAL ICATE OF DEATH		REG. NO.	3 1	9	91
m c		CEASED NAME	FIRST MAE	WIDDIE C		AST EUSINI	20 DATE OF DE	ATH MONTH			2b. HOUR
deat		M	ae.	C.		ISINI		12	28	80	0305
urs after death	3 SE	Yemale	4 RACE	Hite	5 DATE O		6. AGE (IN YEARS		IF UNDER	DAYS	HOURS MIN.
n 72 hou	Ja. 81	RTHPLACE (STATE OR FOI OUNTRY) Maryland	REIGN 76 CITIZEN	OF WHAT COUNT	RY? 8 MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE	CITY OR COUR	NTY OF DEA	ATH	
led with		TY OR TOWN OF DEAT Stminister	(IF NOT II	IN SUCH FACILITY, GIVE, ST	RSING HOME (	or other institution al Hospital	(TYPE OF WORK FO	CUPATION R MOST OF WORKIN	G LIFE) IND	KIND OF USTRY NKIN	BUSINESS OF
ould be f	13a. S	AL RESIDENCE (IF NURSING CYLAND	NG HOME OR OTHER INSTITUTION TO THE COUNTY Carroll	UTION, GIVE RESIDENCE BI 13¢ CITY OR T WESTMIN	OWN.	134 INSIDE CITY LIMIT		oress ar Bran	ich Ro	ad	
O de Cond 2 sh	14 F/	THER'S NAME	MIDDLE	Thompson	arke	15. MOTHER'S MAIDEN  Catherin	NAME	Garri	.son	LAST	THE
Poges 1	16a \	VAS DECEASED EVER I YES, NO OR UNKNOWN)	N.U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE	ES? 166 SOCIALS (S) 091-01		17 INFORMANT P	asadena, M	ODDRESS Z	1122	s Wa	У
remayal.		PART I. DEATH WA	I (Enter only one couse AS CAUSED BY: IMMEDIATE CAUSE (c	1 -	, and (ci.)	y FAILL	RE			APPROXIMET WEEN OF	NATE INTERVAL NSET AND DEATH
ase remove cor I, cremation, as other traumat	7	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF								Days	
Then ple to burio injury, or	NO	PART 2 OTHER SIGN		SCONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE		PRTERIC			HEART
r permit ene prio ows ony	CERTIFICATION	19a. DATE OF OPERAT	ION 196 CC	ONDITION FOR WH	ICH OPERATIO		200. AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA'				
ental Hygients Hygien 18 sh		21a. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH HOUF	ME OF INJURY R. A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATUR	E OF INJURY IN ITEM	18, PART 1 OR P	PART 2)	
s the bur ond Me	MEDICAL	21d. INJURY OCCURRI	ILE T	ACE OF INJURY ME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	21f LOCATION STREET	CI	TY OR TOWN	COU	NIY	STATE
IRECTOR: Af hed for use a ept. af Healtl tem 21 is ma			(this haspital) attended olive on id) (did not) view the b	/	9 8 U . a	19_2, 19_2 and that in ( <u>my)</u> (our) api			hour and fr	om the c	
d be detact the State Distance of the State		22b. SIGNATURE	ME (TYPE OR PREST)	how	no	DEGREE  ATTENDIN PHYSICIA  22e ADDRESS		STAFF PHYSICIAN		DATE S	1
N With M	23a.	BURIAL, CREMATION, F SPECIFY) Burial	REMOVAL 23b. DAT	DL 36 C C C		EMETERY OR CREMATO	CITY OR TO	ON WN MO PO	COUNTY	nyle	STATE
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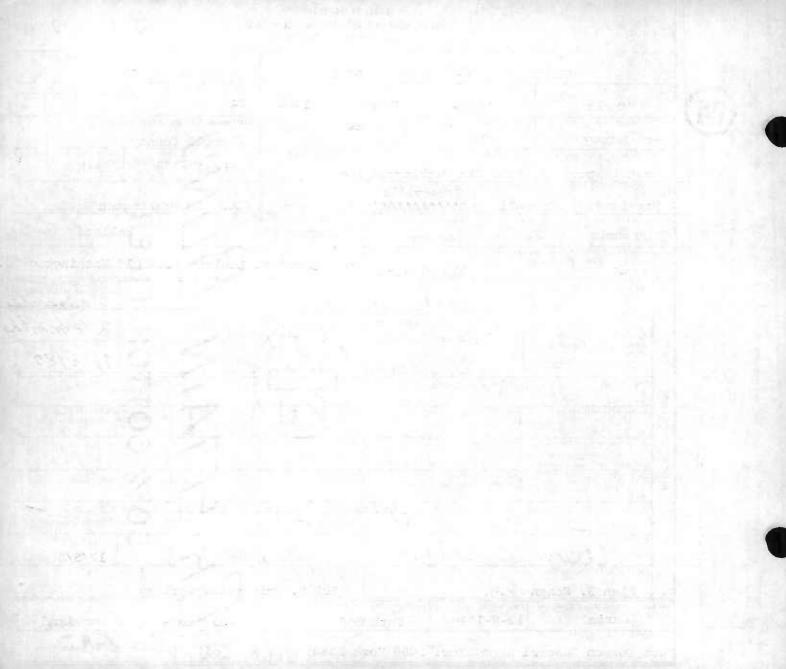
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	1			STATE OF MARYLAND					
	1.	FOR STATE REGISTRAR	DEPARI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 () REG. NO	3 1 9 9 2			
ay be acge 3 death		CEASED NAME FIRST OR PRINT)	an B	Faherty	2a. DATE OF DEATH	25. HOUR 25. HOUR 545 MAM			
ge 4 ma)	3 SE	Female	Caucasion	5 DATE OF BIRTH OAY YEAR	6 AGE IN YEARS LAST BIRTH	IDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.			
Seoth. P		RTHPLACE ISTATE OR FOREIGN DUNTEY)	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	COUNTY OF DEATH  MD.			
S offer o	S	4 Kesville	11. NAME OF HOSPITAL, NURSI	ng home or other institution taddress! Elder Care	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF				
filled in rould be		TATE 13b COUN	NOTHER INSTRUMION, GIVE RESIDENCE BEFORM  130 CITY OR TON  130 CITY OR TON	RE ADMISSION) 13d. INSIDE CITY LIMITS? 12d. PES 10 NO 1	13. STREET ADDRESS	rcke Rd			
ond 2 sh	14 F/	THER'S NAME PIRST  C. E. dwar	Bowler 50	15. MOTHER'S MAIDEN N.	AME MIDDLE	Stephenson			
n and co		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN	WAR OR DATES	URITYNO. 17. INFORMANT 4/1724 B. FORO	APK ADDRE	SS			
rtificate b physicia anpapers. event, the		18 CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE	ily one couse per line for (a), (b), a	md (cl.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
e death cer attending move carbo nation, ar re troumatic e	7	Conditions, if ony, which	DUE TO, OR AS A CONSEOU	JENCE OF					
by the		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF					
equires the signed then pled to burial injury, or	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART 1(a)			
The law ricion.  te has bee sit permit.  giene pria	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO				
PHYSICIAN: The anding physicia this certificate if the buriol-transit and Mental Hygie dar Item 18 sha		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	RRED JENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)			
DING PHYS or offerthis c e os the bur olth and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE			
TTEN pital TTOR. for us of He		saw the deceased alive on	tol) attended the deceased from.  19 11) view the bady after death.		death occurred on the do	te and haur and from the causes stated			
AL OR A the hos AL DIREC Jetoched Ste Dept. T: If trem		27h SIGNATURE	· aleden	DEGREE SATTENDING PHYSICIAN	MEDICAL STAF	FIAND 12/30/80			
TO HOSPITAL retained by the TO FUNERAL should be determined by the State with the State MAPORTANT:		Jose L. Cha	1 11: M C	6342 Barn		RCSV. 112, Md. 21784			
BP	23a l	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY EVERYTEEN Manoria	23d LOCATION CITY OR TOWN	County STATE			
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	NERAL DIRECTOR Spend Kyls Price	the L. Westmens		TE REC'D. BY REGISTRA	b. REGISTRAR'S SIGNATURE			

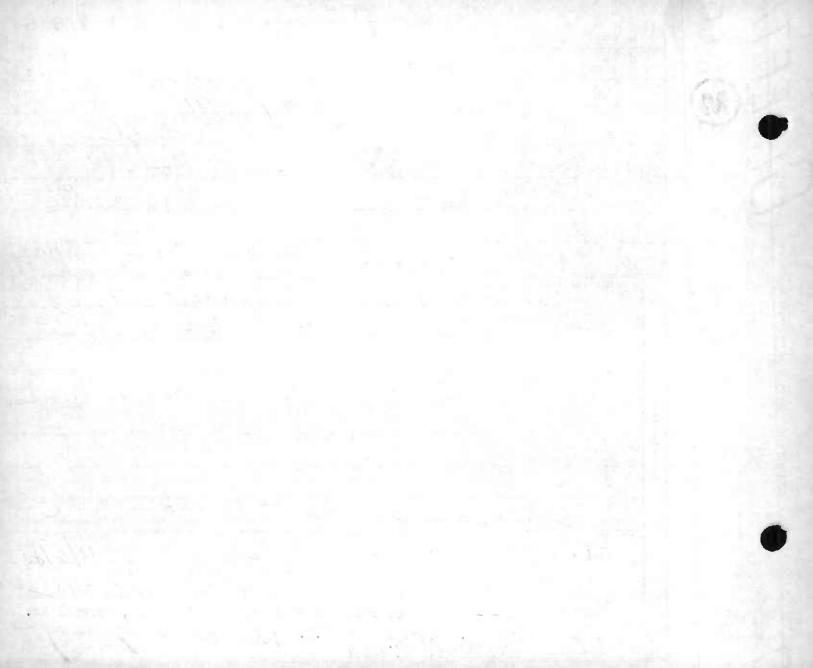
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7	1.	FOR STATE REGISTRAR			ICATE OF DEATH	REG. N	3   9	9 3
be of the contract of the cont		CEASED NAME FIRST AND	IA	MIDDLE	LZMAN	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR 4 15 P
ge 4 moy	3. SE	FEMALE	1 RACE WHI	TE S DATE ( MONTH		6. AGE (IN YEARS LAST BIRT	X YRS	AYS HOURS MIN.
deoth. Po	C	RTHPLACE (STATE OR FOREIGN RUSSIA	USA	WIDOW		CARROL	DR COUNTY OF DEATH	MD.
urs ofter on by the filed with	5	TY OR TOWN OF DEATH YKESVILLE	SORI	HOSPITAL, NURSING HOME ( ICH FACILITY, GIVE STREET ADDRESS)  WEFFELD HOS	PITHL ENTE	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSE)	F WORKING LIFE) 126 KIN INDUST WIFE	AT HOME
MARYLAND 2120 ed within 24 hours mplerely filled in by ond 2 should be fill examinerhoust be as	N	AL RESIDENCE (IF NURSING HOME OF TATE IN AND IT THE IT TO THE IT T	NTY	BALTIMORE	13d. INSIDE CITY LIMITS? YES NO  15 MOTHER'S MAIDEN NA	13e STREET ADDRESS 3504 LUC	CILLE AVE.	#21215
0		FIRSTISRAEL	MIDDLE	GILDEN	⁵®ROSE	WIDDLE		PPEL
TIMO on on on on	16a V	VAS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	166 SOCIAL SECURITY NO. 212-68-8214		S. ROSLYÑ <sup>DOR</sup> NDALLSTOWN,	MD 2113	RUSTY
i the desire		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse pe ED BY TE CAUSE (a)	Cardine for 10), (b), apd (c)	failers	- due	toasim	ROXIMATE INTERVAL EEN ONSET AND DEATH
W. PRESTON on the death by the ottendi se remove car cremotion, an		Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last	(b)_	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF	as Horse	e dom	evD.	
nned place	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PAR	1(0)
VITAL RECC	CERTIFICATION	190. DATE OF OPERATION		DITION FOR WHICH OPERATIO		200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES	SES OF DEATH?
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requirentending physicion. Wher this certificate has been signs the burial: transit permit. Then the and Mental Hygiene prior to be orked or frem 18 shows any injur	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A	dfinjury i.m. month day year <sup>p</sup> .m. 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART	2)
DIVISION ING PHY After this as the bu ith and M orked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
ATTENDI spital or CTOR. A I for use of Heoti		22a.1 certify that (1) (this hasp sow the deceased live or abave, (1) (we), and land no		190	nd that in (my) (our) opinion	death accurred on the d	ote and hour and from	, that (I) (we) last the causes stated
PITAL OR A by the ho ERAL DIRE: e detoched Stote Dept		22b. SIGNATURE	or a-		DEGREE ATTENDING PHYSICIAN [	MEDICAL STA	FF L	23.80
TO HOSPITAL TO FUNERAL should be det with the Store		STRAH	PR PRINT)	Nacev.	Spring	field,	Arg. Ca	rockor
7798BP		BURIAL, CREMATION, REMOVAL BURIAL 12424480v	12/2	24/80 MIKRO		23d LOCATRALT SPAPL	IMORE NATIONAL N	IARYLAND XXXX
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	INERAL DIRECTOR TO SOL		ON & BROS., I. D. BALTO., M		TE REC'D, BY/REGISTRAR	25b. REGISTRAR'S SIGI	NATURE



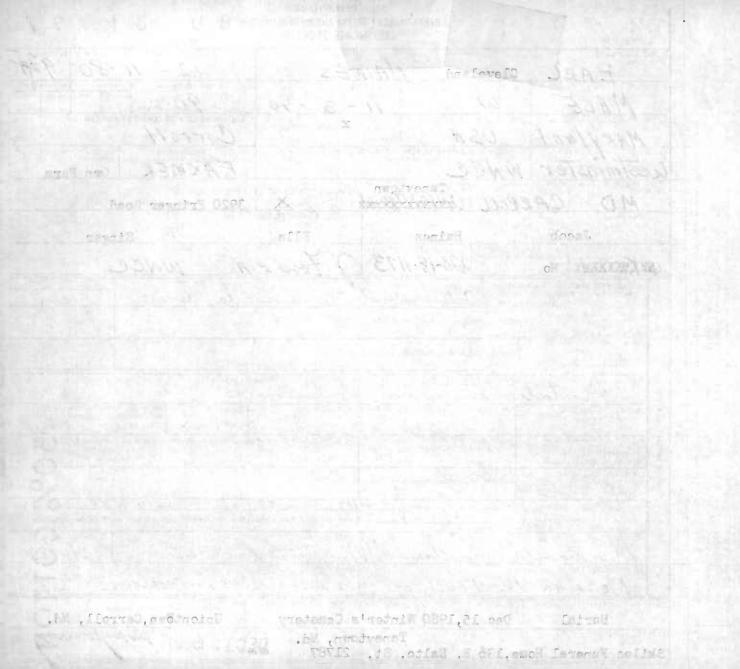


13		1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 1 9 9 5  CERTIFICATE OF DEATH
19	o e pe	1. DE	CEASED NAME FIRST OR PRINT)  Stur	Trancis Green Der 6-1980 1120 M
	96 4	3 SE	M	A RACE White S DATE OF BIRTH YEAR ON THE STATE OF BIRTH YEAR OF THE STATE OF BIRTH DAY YEAR OF THE STATE OF THE ST
4	Jeoth. Po	S	RTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUNTRY? 8  MARRIED NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED   DIVORCED   CURVELL MD.
102	by the fulled with	N	1 ANChester	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (IVER OF WORK FOR MOST OF WORKING LIFE)  LIVE OF WORK FOR MOST OF WORKING LIFE)  LIVE OF WORK FOR MOST OF WORKING LIFE)  LIVE OF WORK FOR MOST OF WORKING LIFE)
AND 21201	y filled in should be er must be	13a S	MA Gar	well Westment YES NO D 1644 ald Westmenty
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BALTIMORE, MARYLAND	be exected on ond see seed on ond seed on ond seed on ond seed on ond seed on one of seed one of seed on one of seed one of		VAS DECEASED EVER IN U.S. AT	214-34-3243 1644 and west westminty Md
	ertificate ig physicie conpaper removal.		PART I DEATH WAS CAUSI	only one couse per line for (o), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH SEC CAUSE (a) Concluded Variable ACCOUNTY ACCOUNTY CONTRACTOR ON SEL AND DEATH SEC CAUSE (b).
PRESTON ST.	e deoth c contendir nove cort notion, or troumoffe		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF autemosileron 5 yrs
	es that the med by the please rer minal, crem		couse (0), stating the underlying couse lost.	DUE TO, GRAS A CONSEQUENCE OF
CORDS	require	ATION	Corumbine 190 DATE OF OPERATION	conditions contributing to death but not related to the terminal disease or condition given in part 110.  That de artemater that the death busened  196 condition for which operation was performed  206 autopsy?  208 If YES, WERE FINDINGS USED
ITAL RE	he lo	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	YES NO YES NO NO
DIVISION OF VITAL RECORDS, 201 W.	HYSICIAN: Tinding physicians by certificate bus certificate burial-transit al Mental Hygi ar Item 18 sh	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 19 216 PLACE OF INJURY 2211 LOCATION
DIVISIO	DING PH or otten After the se as the outh and marked a	WE	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE  OITO1) attended the deceased from
	OR ATTEN the hospital DIRECTOR, sched for us Dept. of He		sow the deceased alive or	
	- ± - 5 0 T		22d. PHYSICIAN'S NAME (TYPE O	ATTENDING MEDICAL STAFF PHYSICIAN DOTRECTOR PHYSICIAN 12/6/40  OR PRINT)  12/6/40
	TO HOSPITA retoined by TO FUNERA should be de with the Stot	23a. E	W, H	FO AT MD Manchester and 3/16/
	BP		Burial	12-9-80 Evergreen Memorial Gardens Tinksburg, Carroll Md.
	DHMH - 16 60M 1/75 (VR A 15 (4))	2	NERAL DIRECTOR	Thomas D. Fletcher & Son F.H. TPTE TO AUGUST AND ACTION OF THE WEST MAIN St. 21157

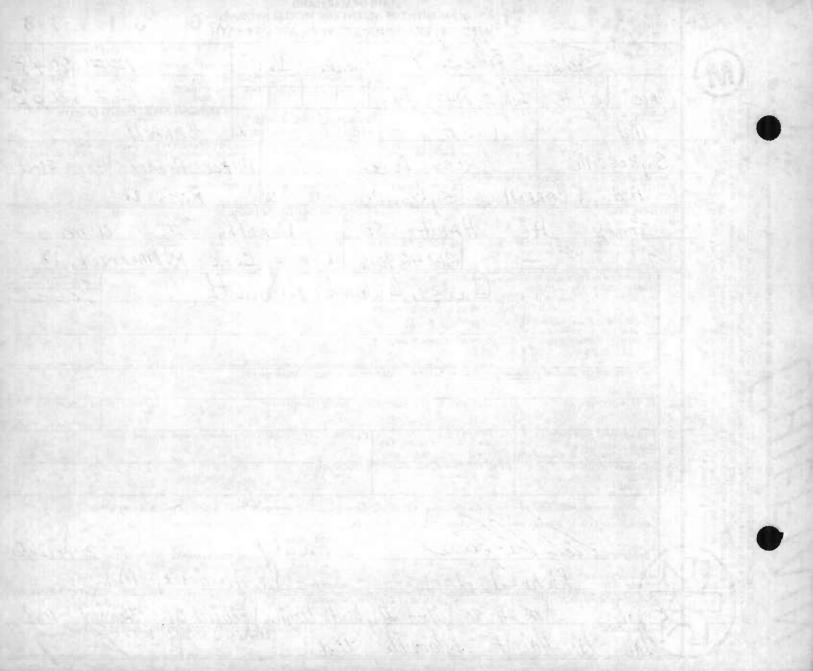


(VRA 15, 4) 1/79

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			STATE OF MARYLAND	
1		1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3	1998
			REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	, , ,
	1		CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MON OF ESTI-	NTH DAY YEAR THOUS
	5		James Henden Handen Sv. DEATH MATED 11	ZZ1,090 48 M
	S V	3. SE		TH DAY YEAR 24 HOUR
	44005		Pale White July 2, 1943 37 yrs.	2 21 ,8050
5 5 14	SSAI RAI R H HIM ESTO	7a. B	RTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY?   8 - 9. BALTIMORE CITY OR COUNTRY?	UNTY OF DEATH
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SMITTH DIRFAMELEY, Keeney & Bastord Funeral Home

106 East Church Street, Frederick, Maryland

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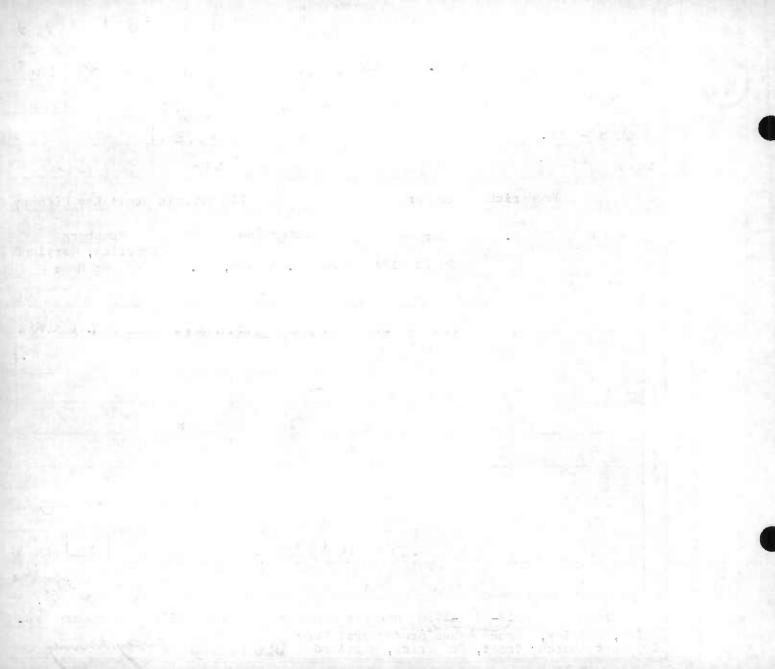
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(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR YEAR (TYPE OR PRINT) 30 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH MONTH YEAR HOURS o. BIRTHPLACE LOUNTRY BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED NEVER MARRIED MARYLand WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 130. STATE 13b COUNTY 13e STREET ADDRESS 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17 INFORMANT Sidney Haynes Rd., Westminster, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate stotina DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? p IN CERTIFYING CAUSES OF DEATH? NO YES T 210. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, 80 sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated oboye, (I) (we) (did) (did not) view the body after denti 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Should be detowith the Stote D PORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 218 WASH. HOTS. MED. CENTER OULSEN 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Woodlawn (SPECIFY) Woodlawn Entombment 12/6/80 Lorraine Mausoleum BP 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, P.A. 156 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4)) 8728 Liberty Rd., Randallstown, MD

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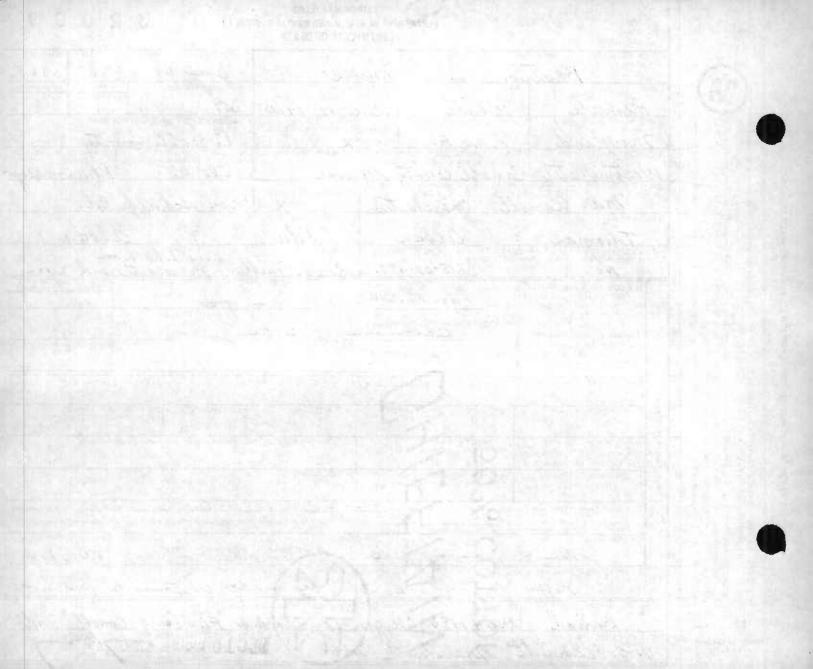
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d deo			Harry		nser	Decembe	or 27.	1980	8:15
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1 21	2 4 4	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE	RSING HOME OR OTHER INSTITUTIO		TION	12b. KIND OF	BUSINE
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The la ion. has if per	Shows	E	~			YES NO	YES		NO [
SICIAN: TI ng physici certificate rial-transit entol Hygi	88	18	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY O	CCURRED (ENTER NATURE OF INJ	URY IN ITEM 18, PAR	T 1 OR PART 2)	
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R he he	tem tem	100	22b. SIGNATURE		DEGREE			22c DATE SI	IGNED
the the	*		O. Oins	Chaples	M.O ATTENDI	ING MEDICAL ST.	AFF	142	150
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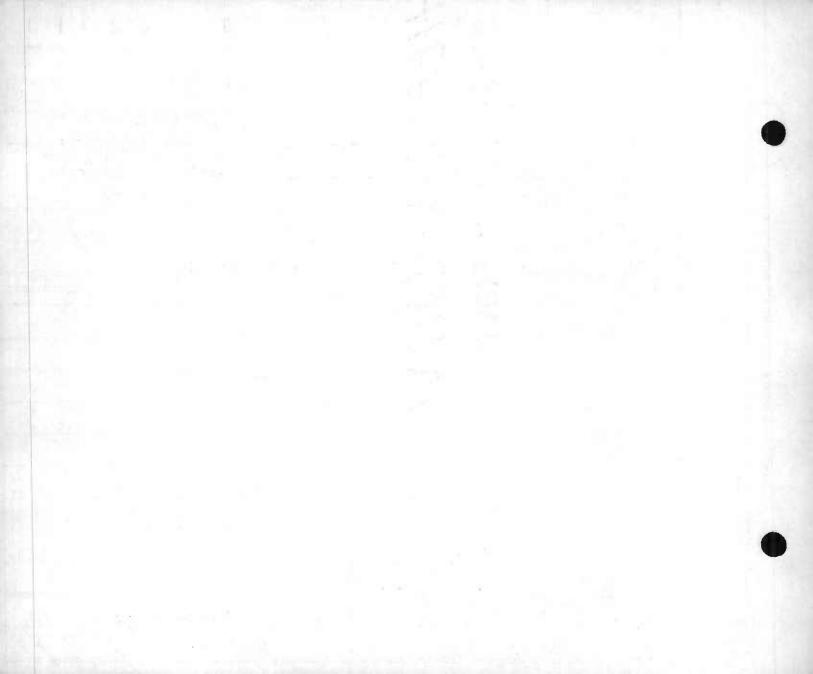
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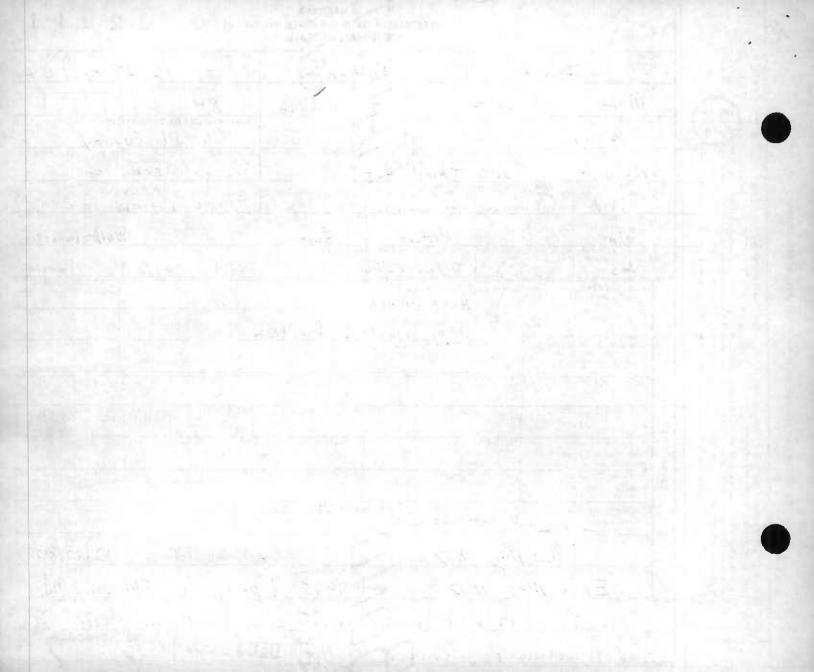
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME KNOWN DATE MONTH 26 HOUR 3 / TYPE OR PRINT! Alice ESTI-Offutt 12 26 10 80 LES DEATH MATED 6. AGE (IN YEARS 7:42 P<sub>M</sub> SEX 4 RACE 5. DATE OF BIRTH DAY IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 12 1980 Female White DEAD 26 3. RETAIN PAGE 5 FOR SHOULD BE FILED, WITHIN TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Carroll County. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY 18. GIVE PAGES I, 2, AND 3 TO TH 5 WITH FORM PM 3. RETAIN PAI AIT. PAGES I AND 2 SHOULD BE FI E, DIVISION OF WITAL RECORDS, 2 Springfield Hospital Center Sykesville TO 1. 7 13a. STATE 136. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS ARROL YES NO A 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST eR a A S 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SPEURITY NO. 17. INFORMAN ADDRESS (YES, NO. OR LINKNOWN) I (IF YES, GIVE WAR OR DATES) Hospita CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL EXECUTE THE CRATIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.

PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
FOR **UNERAL DIRECTOR**: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT.

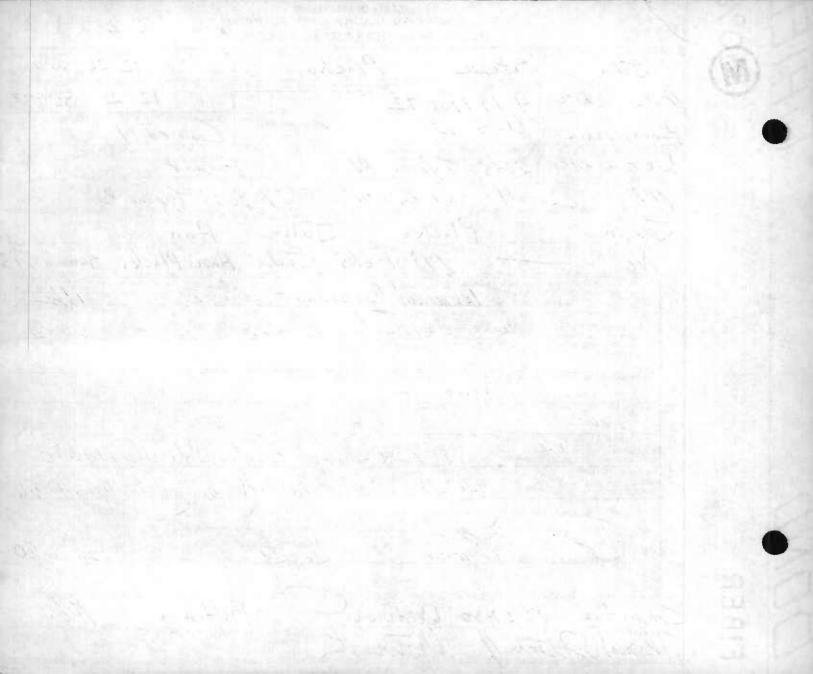
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE, D
BALTIMORE, MARYLAND, 3,201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left Subdural Hematoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Head Only 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING AOR MEDICAL 24 19 80 Subject fell from chair 5:10 xx 12 21e PLACE OF INJURY Springfield CHYORTOWN AT WORK NOT WHILE Hospital Center, Sykesville, Carroll, hospital Md.  $_{220}$  . I certify that I took charge of the remains described above, held an 0n1yInspection and in my apinion Accident x death resulted from: Suicide Homicide Undetermined manner Notural causes TITLE (SPECIFY) ACTUAL DATE 12/28/80 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 111 Penn Street Virginia L. Dolan, M.D. ADDRESS 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 750. DATE REC'D. BY REGISTRAR BP 25b. RE 24 FUNERAL DIRECTOR **DHMH-17** ADDRESS (VR A15 ME (5)) 15AA 2/80



25	1,	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 0	32011
		REGISTRAR	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
y be		ORPRINT) Stews	rt U.	Patton	12	27 80 1:15 A
e 4 mo	3. SE	Male	White	S. DATE OF BIRTH  MONTH  DAY  YEAR  11  96	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
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		PART I. DEATH WAS CAUSI		1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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he death ce he ottendin emove carb motion, or	18	Conditions, if ony, which gove rise to immediate couse 101, stating the	) DUE TO, OR AS A CONSEQU		<u> </u>	
es that the please in please in unal, cre		underlying couse lost.	(c)			
	TION			DEATH BUT NOT RELATED TO THE TER		
TAL RECO	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
SICIAN: The paper project of t	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
O PHY of PH	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19 21f. LOCATION FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
A Sole		22a.1 certify that (1) (this hasp	ital) oftended the deceased from.  Pecember 26 19	December 9, 19 80 80, and that in (my) (our) opinion	, to, to	, 19, that (1) (we) lo I hour and from the couses stated
oh se ho		Obove, (1) (a-r(did) (did) (di	view the body ofter death.	DEGREE	MEDICAL STAFF  MEDICAL STAFF  MEDICAL PHYSICIAN □	22c. DATE SIGNED
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TO HOSI retoined TO FUN should b with the IMPORT.	23a.	BURIAL, CREMATION, REMOVAL	Mez, MD 236. DATE 1236.	NAME OF CEMETERY OF CREMATORY	THE LOCATION -	room Ind.
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(VR A 15 (4))	1	oluta Ban	and Sell	na Mind D	EC 3 1 1980	/



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\$300± \$300± \$300±	3. SEX	ale White		6. AGE (IN YEARS IF LAST BIRTHDAY) MC			12 -26	DAY YEAR 2d. HOUR 9-31/M
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DIVISION WRITING WARTING WARDED IT AGE 3 SHORT AGE 201 PRIOR	MEDICAL	WHILE NOT WHILE AT WORK		FARM, ETC.) 21f.	STREET YOUR	ld City or town	usher Cours	arroll Suf
AINER: TECATE. SE FORVE. THE STATE STATE.		22a. I certify that I took charg	TV.	ed above, held an Au	apsy Inspection  Homicide	Undetermined manner	and in my opin	ion
CAL EXAN THE CERTI SHOULD RAL DIRE ATH, WITH RE, MARYL		ACTUAL SIGNATURE	de les	ver	M.D. JO DU	MEDICAL EXAMINER	DATE SIGNED	26 Jee 80
TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA	-	EXAMINER'S NAME (TYPE OR PRINT)			1			
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any injury, or other	ATION	gave rise to immed couse (a), stating underlying cause	diote the lost	(b) DUE TO, OI (c) NDITIONS CC	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM				
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Item 21 is marked or Item 18 shows any injury, or other	WEDICAL MEDICAL	gove rise to immed couse iot, stating underlying couse  PART 2 OTHER SIGNIFI  19a DATE OF OPERATIO  21a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU: (IF EITHER, NOTHEY MEDICAL EI  21d. INJURY OCCURRED  WHILE AL WORK NOT WHILE AL WORK AL WORK AL WORK  22a I certify that (1) (this saw the deceased above, (1) (we) (did)  21th SIGN AURE  22d. PHYSICIAN'S NAME	ICANT CON  ICANT CON  IVING  ISE OF DEATH XAMINER)  IS haspital)  alive an  I (die not vis  C	DUE TO, OI  (c)  IPP CONDI  21b. TIME O HOUR A./ P./  21e PLACE ( (AT HOME, STR  attended the	ONTRIBUTING TO DESCRIPTION FOR WHICH	DEATH BUT  OPERATIO  Y YEAR  19  ARM, ETC.)	216 HOW INJURY OCCURR 216 LOCATION STREET  19 80  Ind that in (my) (our) opinion of the company	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  AMEDICAL ST.  DIRECTOR PHYS  234. LOCATION	20b. IF YE IN CERTI YI URY IN ITEM 18.	S, WERE FIND IFYING CAUSE: ES PART I OR PART 2)  COUNTY  19 80  ur and from the	that (1 couses

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	1			NO STATE DEPARTM			
			DIVISION OF VITAL RECORDS	, 301 W. PRESTON ST	REET, BALTIMO	E, MARYLAND 2 301 2	2015
				CERTIFICATE OF	DEATH	Description of the second	
4 -24		DECEASED-NAME First	Middle	Lost	20.	DATE OF DEATH	2b. HOUR
death.	1	Type or print) Willia	- Henr	y Shoen	roker	Month Oay	1900 A.58 M
F - 15	3. 9	EX	4. RACE	5. DATE OF B	IRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
s after the fundes.		Male	White	Apr :	13, 1902	last birthdoy)	MONTHS DAYS HOURS MIN
one one	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED W NEVER MAR	9. CO	UNTY OF CEATH	
in 24 hours after death filled in by the funeral popers. Pages, I and 2 hin 72 hours offer death	M	aryland	U.S.A.	WIDOWEO DIVO	RCED C	Carroll Coun	ty, Md.
vithin 24 soon pope within 7.	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If nat in haspital	12a. USUAL OCC	UPATION (Kind of work done	12b. KIND OF BUSINESS OR
icate be executed within sicion and completely follows remove corban I, and in any event, with		Sykesville	Stringfie.	ld Hespital	Labor	working life, even if retired.)	INDUSTRY
ecuted with completely ove corbor (%) event, with	130	USUAL RESIDENCE (Where decease	d lived in Institution. Pesidence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
to me as	duii	vission) STATE Mary Land	Frederick	Frederick	YES NO X	5330 Shook	stown Road
ond c	14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MA	AIDEN NAME First	Middle	Lost
e e e e		Jacob	G. Shoe	emaker Ma:	rv		Miss
equires that the deoth certificate be execute physician. Signed by the attending physicion and commit of the please remoburial, crematian, or removal, and many	160	. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT		5 4000	Shookstown R
iği şşab X		Yes, no, or unknown) (If yes give wo	r or dates of service) 220-16-6	925 Mrs. R	uth Shoe	maker Frede	
Gerd The P			r ane cause per line for (o), (b), and (c			, in the second	APPROXIMATE INTERVAL
ne deoth cer attending p permit. The		PART I. DEATH WAS CAUSED	BY:	. 1	eamour	æ	BETWEEN ONSET AND DEATH
ne deotl attendi permit. ian, or r		115 G S IMMEDIA	(0)		~ 000000000		
the pe		Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE O			1 1	
at th . the nsit p		rise ta immediate cause (a),	(-/		crocova.	scular Disas	7
tro tro	1	stoting the underlying cause	OUE TO, OR AS A CONSEQUENCE O				
quires that t physician. signed by the buriol-tronsit burial, crema		last.	(c)				
OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within be retoined by the hospitol or ottending physician.  JIRECTOR: After this certificate has been signed by the attending physician and completely fille is 3 should be detached for use as the buriol-fronsit permit. Then please remove carbon paged with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within	Н	PART 2. UTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE OR CONDITI	ON GIVEN IN PART 1(a)	
The low rottending has been se as the hprior to	NOI	19a. DATE OF OPERATION 19b. 0	AND IT ON COD WHILE I ADED AT ION WAS D	50500450			
e for the sas base base as base base as	CERTIFICATION	TYO. DATE OF OPERATION TYD. C	ONDITION FOR WHICH OPERATION WAS P			20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
E se se T	ERTE	AL ACCIDENT WAS THIRDS VIII		YES 🗀	leads a		
ANS.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HOW INJURY OCC	CURRED (Enter notur	e af injury in Part 1 or Port 2, I	tem 18.)
Dispired to A	MEDICAL	(If either, natify medical examin	er) P.M.	19			
PHYSICIAN: 1 the hospitol or this certificate detached for us e Dept. of Health	×	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY,) 21f. LOCATION Stree	et or R.F.D. No.	City or Tawn	County State
the thing the De		at wark of wark					
by frer be Stat		22a. I certify that (I) (this	haspital) attended the deceas	sed fram /2 -	>2,19 76	to (1-27, 19	PO, that (I) (we) last
ENC ed ed old he		saw the deceased all	ve an (1) (did nat) view the	19 de, and that in (m	y) (aur) apinian	death accurred an the da	te and havr and fram the
This of the		22b. SIGNATURE	(i) (we) (ala) (ala hai) view ine	bady after death.			
OR A		220. SIGNATUR	el. 11.	DEGREE PHYS.	NG MEO.	R D STAFF 122C.	OATE SIGNED
Dad / pe		22d. PHYSICIAN'S	cours ice	22e, ADD		00 10 10 11	
RAI Pe		NAME (Type) Hya	NB C. KI		Surace	- Ke 2 105	210+11
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	22-	BURIAL, CREMATION, 23b. D		CEMETERY OR CREMATORY	1001		777
dire Sho	230	_REMOVAL (Specify)				LOCATION (City or Town)	(Caunty) (State)
5- 5	24		30, 198b Rock	cy Springs	metery	Frederick,	Fred., Md.
VR A15 (4)	25	mith, Fadeley		ford Funera	L. Home	ST[98] 25b TOTAL	SHOMATURE
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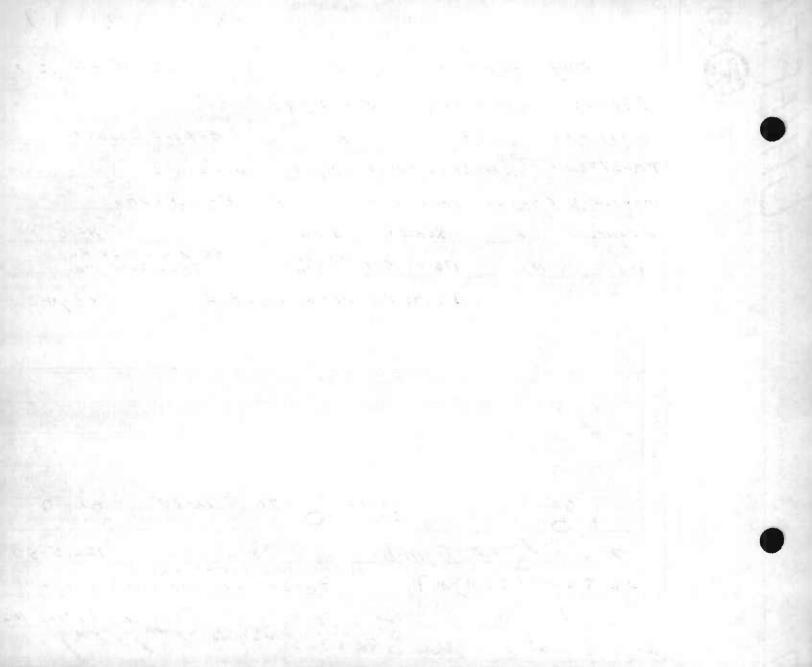


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10	1.	STATE REGISTRAR		DEPAR		EALTH AND MENTAL HY	REG. N	J .	2 0	1
		CEASED NAME FIRST OR PRINT) ANNA	REBE	CC A	SP	RANKLE	20 DATE OF DEATH	2 - 15	-80	26 HOUR / / / / / / / / / / / / / / / / / / /
4	3 SE	FEMALE	1 RACE CAUC	ASIAN	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
3A	C	RTHPLACE STATE OR FOREIGN OUNTRY) MARYLAND	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	DINEVER MARRIED	9. BALTIMORE CITY	OR COUNTY C		MD
11 100	10 C	TY OR TOWN OF DEATH	11. NAME OF 3 CO OT IN SU HARN	CH FACILITY, GIVE STRE	ING HOME C	OWN , md.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSE WILL	OF WORKING LIFE)	12b. KIND O INDUSTRY	FBUSINESS OR
filled in ould be must be	USU. 13a S	STATE 136 COL	OR OTHER INSTITUTION JINTY ROLL		ORE ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	50	36	
ond 2 st		THER'S NAME FIRST RANKLIN	MIDDLE P.	REAV	ER	IS MOTHER'S MAIDEN NA	MIDDLE	H.	HES	
Poges 1		VAS DECEASED EVER IN U.S. A res, no or unknown) (IF yes, G DO	IVE WAR OR DATES)	176-07		MAUDE WEADT	601P TAN	ESS CONOVE BYTOWN	ER Rd	,
g physical conpopers removal.		18 CAUSE OF DEATH (Enter of PART ), DEATH WAS CAUS	only one couse pe SED BY: ATE CAUSE (0)			HEART DIS	EASE		APPROXI BETWEEN O	MATE INTERVAL DISET AND DEATH
move cork		Conditions, if ony, which gove rise to immediate	DUE TO, C	DR AS A CONSEO	UENCE OF					
please re proof, cren , or other		couse (o), stoting the underlying couse last  PART 2 OTHER SIGNIFICANT	(c)	ONTRIBUTING TO		NOT BELATED TO THE TEDA	AINIAI DISEASE OR CON	ADITION CIVE	I IN PART 1	
een sigr it. Then ior to bu	TION	19a DATE OF OPERATION				N WAS PERFORMED			WERE FINDIN	
it perm	CERTIFICATION	DATE OF OPERATION			H OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	IN CERTIFYI	NG CAUSES	OF DEATH?
riol-trons entol Hyg Item 18 sl		2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A	OF INJURY ,M, MONTH .M,	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	ury in item 18, par	T I OR PART 2)	
os the but th and M orked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	21f LOCATION STREET	CITY OR TO	JWN	COUNTY	STATE
d for use t. of Heol m 21 is m		22a. I certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did i	pital) attended the part view the body	ne deceased from 19 v after death.	80 , or	nd that in my (our) opinion	death occurred on the c	dote and hour c	and from the	
e detoche Stote Dep NNT: If the		22b. SIGNATURE  PHYSICIAN'S NAME (TYPE	1	5, m	·D.		MEDICAL STA	CIAN	12 - A	15-80
TO FUNER, should be diwith the Sto		Wm. R. LINT	HICOM			TAPEYT	KINGS D OWN, MAR		217	68
3P	230	BURIAL, CREMATION, REMOVA SPECIFY)	DEC.	17,1980 230	RINT	EMETERY OR CREMATORY	23d LOCATION	STONE	W CAN	CROLL ME
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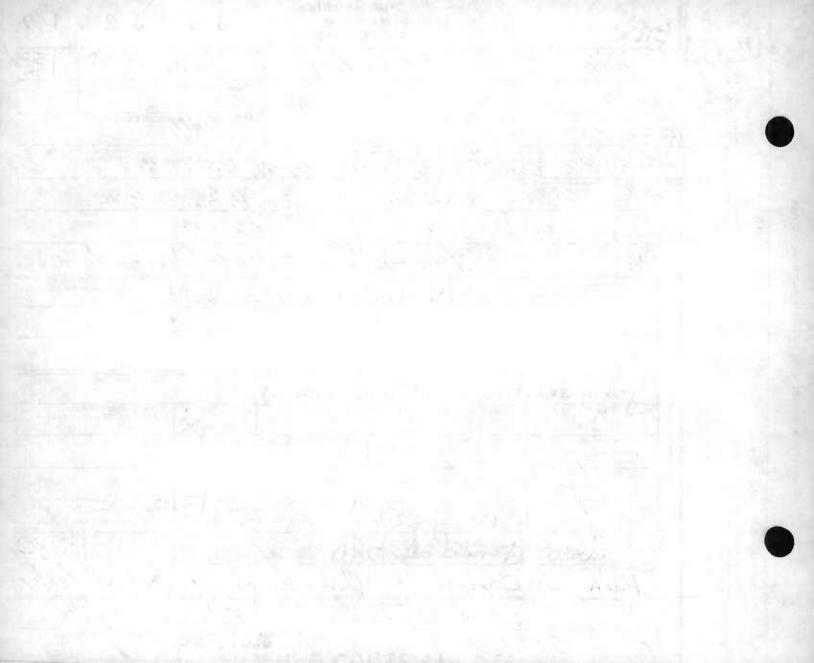
Skiles Funeral Home, 136 E. Balto. St..

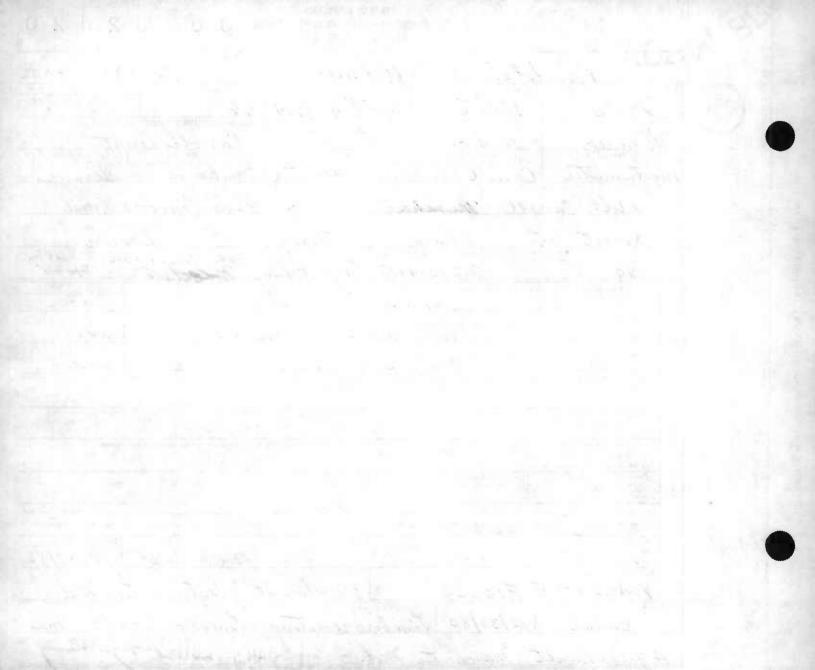


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0/	1.	FOR 2-9-81 al DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 3 2 0 2 2  REGISTRAR  REG. NO.	
noy be 3 decith		CEASED NAME FIRST MIDDLE LAST 10 DATE OF DEATH MONTH DATE VIAM IN HOUR.  OR PRINT) Add L 60004/1 12/20/80 A 4:304	M
Poge 4	7a. B	Female  Black  WONTH DAY YEAR  4 - 20 - 06  THOUSTRY)  BALTIMORE CITY OR COUNTY OF DEATH  MARRIED NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH	
s ofter deat	-	Maryland WIDOWED DIVORCED CAROLL  MY OR TOWN OF DEATH  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  KLESUILLE, Md. 126 KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  SPRING HOSPITAL CONTROL	AD. R
MARYLAND 2120 ed within 24 hours. mpletely filled in by ond 2 should be file examiner must be no	130	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  STATE  136. CITY OR TOWN  136. INSIDE CITY LIMITS?  136. STREET ADDRESS  22/7 Rusk: Dave  ALTHER'S NAME	_
uted with		FIRST MIDDLE LAST FIRST MIDDLE LAST	
BALTIMORE, one be executively sisten and compers. Pages 1 or onl.		VAS DECEASED EVER IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)  334-24-9504 Arthur Trimble 2217 Ruskin	
201 W. PRESTON ST., es that the death certific hed by the attending phy please remove carbon pa vial, cremation, or rema		18 CAUSE OF DEATH (Enter only one cause per line for (0.15) and (c	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physician. frer this certificate has been sign os the burial-transit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO	-
ON OF VITAL  TYSICIAN: The ding physicio is certificate h buriol-tronsit i Mental Hygie	MEDICAL CER	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH CIF EITHER, NOTIFY MEDICALEXAMINER) P.M. 19  216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  216. INJURY OCCURRED 216. PLACE OF INJURY 211 LOCATION	
R. A or Leaf	WE	WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK 1 (I) (this hospital) attended the deceased from	st
TAL OR ATTE AAL DIRECTO detached for riche Dept. of H VI: If hem 21		sow the deceased plive an obove, (I) (we) (Ad) (did not) view the body ofter death  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/20, BC	_
TO HOSPITAL retorned by th TO FUNERAL should be deter with the Stote		STRAHILD. Nacev. md. Spans-field 400. Cecher	
1504BP	23a. E	Burial 12/26/80 King Memorial Park Baltimore Co	
DHMH - 16 50M 1/76 (VR A 15 (4))		Deral Director  Apple 101 E. North Ave  ILLIAM C. MARCH FUNERAL HOME INC. DEC 3 0 1980	

